

✓ #5086 6/26/19
\$750.00



VIA FEDEX

June 28, 2019

Delaware Public Service Commission
861 Silver Lake Blvd.
Cannon Building, Suite 100
Dover, DE 19904

RE: AOBA Alliance, Inc. application for a Retail Electric Broker License

To Staff:

Enclosed is AOBA Alliance Inc.'s application for a Retail Electric Broker license with five copies and the \$750 application fee.

Also enclosed are the confidential financial documents with the signed and notarized Attestation and Submission of Confidential, Proprietary and Privileged Material.

Should you have any questions regarding this application, please contact me at (202) 296-3390 ext. 767 or via email at kcarey@aoba-metro.org.

Respectfully,

A handwritten signature in blue ink, appearing to read 'KDC', is written over a faint, larger signature.

Kevin D. Carey
Director of Operations





Company Name AOBA Alliance, Inc.

Company Website www.aobaalliance.com

1. Legal name of Applicant and the name under which the Applicant proposes to do business in Delaware.

AOBA Alliance, Inc. d/b/a _____
Name

☐ Applicants with a d/b/a must submit a copy of the Registration of Trade, Business & Fictitious Name Certificate for each of the three Delaware counties.

Provided in **Exhibit** _____

☐ Provide a list of names under which the Applicant, its Affiliated Interests, or any current or previous officer, director, or manager has previously done business in Delaware.

Provided in **Exhibit** _____

1. Tax identification number:

53-0184431
Federal Tax ID Number

2. Certifications:

Certifications issued by the state of formation or incorporation that the Applicant is in good standing and qualified to do business in that state.

☒ Provide a Certificate of Good Standing issued by the Secretary of State of the state of formation or incorporation (if different from the State of Delaware) dated within the past 12 months certifying that the Applicant is in good standing and qualified to do business in Delaware. Provided in **Exhibit** 1

☒ Provide a copy of the Applicants Business License certifying that the Applicant is registered and/or qualified to do business in the state of formation or incorporation (if different from the State of Delaware). Provided in **Exhibit** 2

3. Authority to do Business:

Each Applicant will provide a copy of the following documentation:

☒ Provide a Certificate of Good Standing issued by the Delaware Secretary of State dated within the past 12 months certifying that the Applicant is in good standing and qualified to do business in Delaware. Provided in **Exhibit** 3

- ☒ Provide a copy of the Applicants Delaware Business License certifying that the Applicant is registered and/or qualified to do business in Delaware. Provided in Exhibit 4

4. Delaware Registered Agent:

Each Applicant shall provide a designation in writing of the name and address of a person resident within the State of Delaware upon which service of any notice, order or process may be made. This information must be updated if changed.

The Corporation Trust Company
Name 1209 Orange Street
Wilmington, DE 19801
Address
(866) 809-1133
Phone

5. Leadership:

Provide the names, titles, addresses, and telephone numbers of the Applicants' principal officers, directors, partners, or other similar officials. Provided in Exhibit 5

6. Corporate Structure:

Each Applicant shall provide a description of the Applicant's corporate structure, including all parent, affiliated, and subsidiary companies. Additionally, please provide a graphical depiction of such structure. Provided in Exhibit 6

- 7. Name, title, and telephone number of a Regulatory Contact Person:** This person will ordinarily be the initial point of contact for resolving complaints filed with the Commission. The Commission will also send any correspondence to this person. This information is required to be updated if there is a change.

Uatausha Taylor
Name of Regulatory Contact
Director of Administration
Title
(202) 296-3390
Telephone Number
utaylor@aoba-metro.org
Email Address

- 8. Name, title, and telephone number of Complaint Contact Person:** If contact is different from the Regulatory Contact.

Name of Complaint Contact
Director of Operations

Title

(202) 296-3390

Telephone Number

kcarey@aoba-metro.org

Email Address

- ## Frann G. Francis

Name of Attorney

AOBA Alliance, Inc.

Firm

1025 Connecticut Avenue, N.W., Suite 1005

Address

Washington, D.C. 20036

(202) 296-3390

Telephone Number

ffrancis@aoba-metro.org

Email Address

☐ **No Attorney**

- Toll-free customer service number**

- By (signature)

David C. Farmer

Typed or Printed Name

President

Title

12. Criminal activities statement:

☐ A statement detailing any criminal activities, except for misdemeanors or lesser violations, of which the Applicant, any of its Affiliated Interests, officers, and directors (and prior officers and directors who left the Applicant's employ less than three (3) months before the filing of the application) have been convicted. Any criminal disclosure shall include a copy of any order of conviction and restitution. Provided in **Exhibit** _____

☒ Neither the Applicant nor its affiliated interests, officers or directors have been charged or convicted of any criminal activities.

13. Certified Financial Statements and other indicia of financial capability: Applicants submitting European-style financial statements shall include a statement of similarity.

☐ Provide copies of certified financial statements (balance sheet, income statement, statement of cash flows current within twelve (12) months of the filing).
Provided in **Exhibit** _____ (If publicly traded the Applicant must submit the certified financial statements AND its most recent annual report to the shareholders and SEC Form 10-K, or a link to the report on the SEC website. If not publicly traded, the Applicant must submit the accounting statements, including balance sheet and income statement, audited financial statements, bank account statements, tax returns or other indicia of financial capability, or if applicable, the certified financial statements of a publicly traded parent.)

☒ Other indicia of financial capability submitted in support of the application (should be current within twelve (12) months of the filing). Provided in **Exhibit** 7

14. Bankruptcy disclosure:

☐ See **Exhibit** _____ for detailed statement of all bankruptcy proceedings filed by the Applicant in the past 24 months

☒ Neither the Applicant nor its affiliated interests has filed bankruptcy in the past 24 months

15. Compliance with Regional Requirements:

☒ Applicant agrees to only work with an entity that complies with PJM's requirements and is a Certified Electric Supplier in Delaware.

Provide a brief a list of Electric Suppliers through which the Applicant intends to arrange for the sale of electricity (**any change to this list must be updated with the Commission within five (5) Business Days of the change**):

Constellation New Energy

16. Description of the nature of the business being conducted: Description of service, types of customers and geographic area to be served.

Description of service:

Types of Customers: *Check all that apply*

- ☐ Residential ☒ Large Commercial
☐ Industrial ☐ Small Commercial

Geographic Area: *Applicant should check one or both*

- ☒ Delmarva Power & Light Service Territory
☐ Delaware Electric Cooperative Services Territory

17. Relevant retail experience of each principal officer responsible for Delaware

operations. In order to fulfill the requirements of the Supplier Rules an Applicant must present substantial evidence of technical and managerial competency the Applicant must submit, in an attachment, detailed professional resumes including dates, jobs/ job titles and duties for each principal officer responsible for operations in Delaware.

☒ Provided in Exhibit 8

18. List of states presently selling electric supply/broker services and a list of state with pending applications: Please provide a list of the states in which the Applicant, or any of its affiliates, is now or has been engaged in the retail sale of electricity, status of the application (approved or pending), type of license, license number (if approved) or commission docket number (if pending):

State: _____	Status: _____	Type of License: _____	License No: _____	Date Issued: _____
State: _____	Status: _____	Type of License: _____	License No: _____	Date Issued: _____
State: _____	Status: _____	Type of License: _____	License No: _____	Date Issued: _____
State: _____	Status: _____	Type of License: _____	License No: _____	Date Issued: _____
State: _____	Status: _____	Type of License: _____	License No: _____	Date Issued: _____
State: _____	Status: _____	Type of License: _____	License No: _____	Date Issued: _____

*If more space is required please attach a separate sheet of paper with the above information. **Provided in Exhibit 9**

Applicant shall provide a copy of any order or decision from the state's public utility commission for each state listed above. **Provided in Exhibit 10

19. List of states in which Applicant has received authority to sell/broker services but is not currently providing services.

Delaware Public Service Commission
Electric Broker Certificate

State: _____	Status: _____	Type of License: _____	License No: _____	Date Issued: _____
State: _____	Status: _____	Type of License: _____	License No: _____	Date Issued: _____
State: _____	Status: _____	Type of License: _____	License No: _____	Date Issued: _____
State: _____	Status: _____	Type of License: _____	License No: _____	Date Issued: _____

*Applicant shall provide a copy of any order or decision from the state's public utility commission for each state listed above. **Provided in Exhibit** N/A

20. Other Proceedings - List of states or federal jurisdictions in which Applicant or its Affiliated Interests has been denied approval and/or had authority revoked.

State: _____ Date certified: _____
State: _____ Date certified: _____

*If the applicant has been denied approval or had its authority revoked by a state Commission please provide a detailed explanation for each state. **Provided in Exhibit** _____

☒ Applicant has never been denied or revoked

21. List of States or Federal jurisdictions in which the Applicant or any of its Affiliated Interests has been found to be in violation of a state's laws, rules or regulations.
Provided in Exhibit N/A

22. Please provide a copy of any settlement, adjudication, or court order with respect to an action filed by a state Attorney General, the Federal Trade Commission, or U.S. Department of Justice concerning the Applicant's participation in retail and federal electricity, natural gas, or telecommunications markets.
Provided in Exhibit N/A

23. Pending Proceedings for revocation/suspensions: Applicant shall provide a list of proceedings in which a revocation or suspension of authority to sell or broker electricity is pending or has been adjudicated, and the name case number, venue, final orders and settlement agreements for each case identified.

State: _____	Case Number: _____	Venue: _____	Final Order No: _____	Date Issued: _____
State: _____	Case Number: _____	Venue: _____	Final Order No: _____	Date Issued: _____
State: _____	Case Number: _____	Venue: _____	Final Order No: _____	Date Issued: _____

☒ Additional information provided in **Exhibit** N/A

24. Security: The Commission may determine that an Applicant requesting to be a Broker is required to post security in the amount of \$10,000 in order to ensure that the Applicant has sufficient financial ability to operate as a Broker in the State. This will be determined on a case-by-case basis.

25. Any other information:

- ☐ Other material submitted in support of the Application. Provided in **Exhibit** _____
- ☒ No other supporting material is provided

26. Verification of Application: The Application must be accompanied by a signed, notarized verification of a principal officer of the Applicant stating that all information in the application is true and correct as filed to the best of the principal's or officer's belief. Where the Applicant is a corporation or an association, the verification shall be signed by an officer thereof and notarized. *(See Attachment A for an example)*

☒ Verification is provided in **Exhibit** 11

27. Waiver of certification requirements: Only applicable to Applicants requesting a waiver.

- ☐ Applicant requests a waiver of the requirements in Section(s) _____. Please provide a detailed explanation in support of the request for a waiver below: *If additional space is required please attach additional sheets of paper to the Application as necessary.* Provided in **Exhibit** _____

N/A

- ☐ No waiver requested

28. Marketing Plans and Materials: If the Applicant intends to serve Residential and Small Commercial, the Applicant shall provide the marketing plan and all marketing materials (please see Reg. 49, Supplier Rule - **Sections 2.2.13 – 2.2.14** for a complete list of materials to be submitted).

Please provide a description of the marketing plan(s) and/or methods Applicant plans to use in Delaware, the description should identify whether Door-to-Door, Telemarketing, direct mail, or other marketing channels will be used and, where applicable, the identification of third party vendors that the Applicant will utilize. Additionally, please include the manner in which the Applicant will ensure oversight, training, and compliance with the Supplier Regulations.

N/A

- ☐ Additional information provided in **Exhibit** _____

Attachment A
Verification

Attachment A
VERIFICATIONSTATE OF MARYLAND)
) SS
COUNTY OF MONTGOMERY)

On this 24th day of MAY, 2019, personally came before me, the subscriber, a Notary Public in and for the state and county aforesaid, DAVID FARMER [name of individual who is signing] as the PRESIDENT [authority of individual or title of individual who is signing, e.g., President, Vice President, Sole Member/Manager, Trustee, etc.] of AOBA ALLIANCE, INC. [name of company or entity that is filing], known to me personally to be such or having presented to me satisfactory evidence of identity, and acknowledged this document to be [his or her] act and deed and the act and deed of such CORPORATION [type of filer, e.g. corporation, limited liability company, etc.], that the signature of such individual is in [his or her] own proper handwriting, and that the facts set forth in this APPLICATION [type of filing, e.g., application, petition, etc.] are true and correct to the best of [his or her] knowledge, information, and belief.



Signature of individual

Printed Name: DAVID FARMER

SIGNED AND SWORN (OR AFFIRMED) before me on this 24th day of May, 2019, by David Farmer (name of individual who signed above).



Signature of Notarial Officer

SEALNotary Public
Title (e.g., Notary Public)

My Commission Expires:

_____, 20____
Margaret Ann Pope
State of Maryland
My Commission Expires
July 16, 2021